

Prevocational Training Term Description: Cardiology

Date of term description version	March 2024
Date term last accredited	March 2021

Term Details

Facility	Canberra Health Services				
Term name*	Cardiology				
Term specialty*	Internal Medicine				
Term location	Canberra Hospital				
Classification of clinical experience in term* (Highlight a maximum of 2)	Un-differentiated illness patient care	Chronic illness patient care	Acute critical illness patient care	Peri-operative/procedural patient care	Non-direct clinical experience (PGY2 only)
Is this a service term? Service term is a term with discontinuous learning experiences including limited access to education program or limited access to regular within-unit learning activities or less/discontinuous overarching supervision (e.g., relief term or nights with limited staff).				Yes	No
Term duration (weeks)*	12-14 weeks				
Term accredited for	PGY1 and PGY2			PGY2 Only	
Total number of prevocational training places	4	Limitations/conditions In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)		There are no limitations or conditions for this term	

Term Supervision

Term Supervisor (name and position) Term supervisor is responsible for conducting term orientation, discussing the PGY1/2's learning needs with them, and conducting and documenting a midterm and end-of-term assessment. Term supervisors must complete mandatory training and commit to a code of conduct outlining their responsibilities.	Dr Peter Scott	
Clinical team supervision	Primary/Immediate Clinical Supervisor (name and position) Clinical supervisor is a consultant or senior medical practitioner (PGY3+) with experience in managing patients in the relevant discipline. They are readily accessible for support, provide education, conduct EPAs, and contribute to assessment.	Dr. R Tan Dr. K Nowakowski Dr. M Rahman Dr. Charles Itty Dr. Nik Pal Dr. Sam Kashkavij Dr. Mohammad Paymard

	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	4 Advanced trainees and 2 Unaccredited ATs 4 Basic trainees	
	EPA Assessors Name and position of others (PGY3+) who have completed training to undertake EPA assessments.	All Clinical supervisors in this term can undertake EPAs including registrars who have undertaken EPA training.	
Clinical Team Structure* Highlight the team model, identify and describe the clinical team structure including how PGY1/2s are distributed amongst the team.	Ward Based		Other
	CCU Team- CCU AT and BPT Ward Team- Ward AT and BPT		

Commencing the Term

Requirements for commencing the term* If there are any specific requirements (e.g., courses, procedural skills, or e-learning requirements) provide details of how the prevocational doctor will receive this training/will be assessed.	No specific extra skills related to this position required.
Orientation Include detail regarding the arrangements for orientation to the term, including who is responsible for workplace orientation and any additional resource documents such as clinical policies and guidelines required as reference material. The term supervisor is responsible for orienting the JMO to the term requirements and clinical expectations within the first week of starting the term.	Orientation to the term Orientation will be conducted by Director of Cardiology, Advanced Trainee in Cardiology and CNC CCU on the first day of term. Workplace orientation <ul style="list-style-type: none"> JMOs meet the basic trainees working in Coronary Care unit and the Advanced trainee responsible for the Coronary Care Unit and the advanced trainee responsible for ward patients, at the beginning of their term. JMOs should report to the cardiology meeting room (Level 3) at 8 a.m. on the first Monday of their term. The Notes for CCU basic Trainees document (PowerPoint PDF) will be available to them as well as to the BPTs

Overview of the Unit

The role of the unit and range of clinical services provided, including an outline of the patient case mix, turnover and how	Cardiology The goals of the cardiology unit are: <ul style="list-style-type: none"> To care for the inpatients and outpatients with suspected or proven cardiovascular diseases. To facilitate consultation for inpatients and outpatients with suspected or proven cardiovascular diseases. To provide advice on the management of cardiovascular diseases.
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<p>acutely ill the patients generally are</p>	<ul style="list-style-type: none"> • To conduct clinical research on cardiovascular diseases. • To train medical students and medical graduates in the management of cardiovascular disease. • To teach medical, nursing, and allied health staff about cardiovascular diseases. • To provide lay and professional advice on public health aspects of cardiovascular diseases. • To provide education through the cardiac rehabilitation facilities to patients, family, and the community. • To provide clinical and cardiovascular support to the Department of Cardiac Surgery. <p>The unit provides diagnostic services, including:</p> <ul style="list-style-type: none"> • Electrocardiography • Diagnostic exercise ECG • Ambulatory ECG monitoring • Echocardiography (Transthoracic and Transoesophageal) • Diagnostic Cardiac Catheterisation • Pacemaker Clinic Follow-up • Coronary and Cardiac CT. <p>The unit provides other Services, including:</p> <ul style="list-style-type: none"> • Permanent and temporary pacemaker implantation • ICD and CRT-ICD implant • Direct current cardioversion • Cardiac Rehabilitation Services • Interventional cardiology • Cardiac electrophysiology.
<p>Clinical responsibilities and tasks of the prevocational doctor Provide an overview of the routine duties and responsibilities</p>	<p>Hours of Work</p> <p>Shifts during Cardiac rotation:</p> <ol style="list-style-type: none"> 1. Morning shift: 0830 – 1630 2. Afternoon shift: 1230 – 2000 + Saturday CCU shift: 0800 – 1300 3. Medical Pod 3 Night Shifts <p>Patient care</p> <ul style="list-style-type: none"> • Under the supervision of the Cardiology Registrar and Consultant, the JMO is responsible for actioning the day-to-day management of the patients admitted to CCU. • Patients should be seen daily until discharge with the Registrar and/or Consultant. • The JMOs should encourage medical student’s participation in the Unit. • Any patient of concern should be discussed with the Registrar. • Any patient with significant change in their condition should be discussed with the Consultant. <p>Consultations</p>

	<p>It is recommended that the JMO should attend consultations if time allows as this a part of the continuing education process.</p> <p>Ward Rounds</p> <ul style="list-style-type: none"> • The JMO is responsible for presenting patients in CCU to the consultant during ward rounds. • The JMO is responsible for updating the consultant on the progress of all patients. • The JMO should ensure that all current results of relevant investigations are raised for consideration during rounds. <p>Cardiology Clinical Meeting</p> <p>The JMO may contribute to the weekly clinical meeting if asked by the Registrar or if they are interested in actively participating. This usually takes the form of a presentation of a case and subsequent review by the Registrar and Consultants.</p> <p>Cardiac Catheter Meeting</p> <p>The JMO may also attend the Cardiac Catheter Meeting if they have a particular interest. The meeting involves presentation of the results of cardiac catheterisation on patients needing discussion about further intervention such as coronary bypass grafting or coronary angioplasty.</p>
<p>Work Routine Provide an overview of the work routine</p>	<p>Work routine and tasks are outlined in more detail in the Rover guide.</p>
<p>Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term</p>	<p>Attend TCH Division of Medicine morning handover at 0800 hrs for the ward JMOs.</p> <p>The JMO should also attend the Friday afternoon 1300- 1330 Cardiology Handover meeting with Director of Cardiology, Advanced Trainees in Cardiology and Basic Physician Trainees (combined with teaching and feedback).</p> <p>At the end of term, ensure you contact the incoming JMO and orientate him/her to the ward(s)/clinics and any current inpatients.</p>
<p>Safety</p>	<p>Ward Safety</p> <ul style="list-style-type: none"> • Rigorous adherence to the 5 moments of hand hygiene is essential. • Frequently clean high contact surfaces such as computer keyboards using the cleaning wipes provided. • Always follow precautions indicated for specific patients and apply precautions for patients with suspected but not yet confirmed infections. • Do not operate specialised equipment (e.g. patient slings) unless you have been trained in the use of such equipment. <p>Occupational Violence</p> <p>While rare, occupational violence is a risk in all departments. JMOs should:</p> <ul style="list-style-type: none"> • Always maintain a clear exit path from the bedspace when seeing patients. • Know how to call a code black (either through dialling '2222' from a ward phone or pressing a Code Black button).

Opportunities for Indigenous Health	Aboriginal and Torres Strait islander peoples may present as patients within this term and JMOs will be able to engage the support of the Aboriginal Liaison Officer as required for patients and their families and improve their knowledge, and skills around cultural safety.
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Education, Learning and Assessment

Term Learning Objectives List the term-specific learning objectives*	Clinical objectives The JMO should aim to: <ul style="list-style-type: none"> • Develop skills in diagnosing and managing the following problems: <ul style="list-style-type: none"> ○ Chest pain; ○ Stable Angina; ○ Acute coronary syndromes (unstable angina, acute AMI); ○ Cardiac arrest; ○ Cardiogenic shock; ○ Acute and chronic heart failure; ○ Atrial fibrillation and flutter; ○ Supraventricular tachycardia; ○ Ventricular tachycardia; ○ Syncope; ○ Bradyarrhythmia and heart block; ○ Pulmonary embolism; ○ Pericarditis; ○ Pericardial effusion; ○ Hypertension; ○ Secondary Prevention of Coronary Heart Disease; ○ Rehabilitation after acute AMI; ○ Aortic stenosis and regurgitation; ○ Mitral regurgitation; and ○ Rehabilitation after acute coronary syndromes. • Develop an understanding of the following procedures and management techniques: <ul style="list-style-type: none"> ○ ECG interpretation; ○ DC cardioversion (elective and emergent); ○ Temporary cardiac pacing; ○ Permanent cardiac pacing; ○ Coronary angiography; ○ Right heart catheterisation; ○ Exercise testing in coronary heart disease; ○ Echocardiography; TOE and stress echo; ○ Percutaneous transluminal coronary angioplasty/stenting; ○ Intra-aortic balloon pump insertion; ○ CRT-ICD and ICD implant; ○ Basic cardiac electrophysiology and therapeutic EP ablation procedures; and ○ Role of coronary and cardiac CT • Become familiar with the Coronary Care Unit Protocols.
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<p>Detail education and research opportunities and resources <u>specific to this training term</u> that will be available to the JMO during the term. Formal education opportunities should also be included in the unit timetable</p>	<p>General Mandatory Education</p> <ul style="list-style-type: none"> All interns are expected to attend the mandatory Tuesday afternoon teaching program. This is a requirement of CRMEC. The period from 1430-1600 on Tuesdays is protected time for PGY1. Mandatory RMO (PGY2) teaching is Thursdays from 1300-1400. This time is protected for PGY2 JMOs. Non mandated, non-protected JMO teaching also occurs at 1300 on Mondays as part of the ‘Monday Shorts’ teaching program. The venue and topics are confirmed by email earlier in the day. Other team members, including registrars or JMOs are to continue the clinical work required in the absence of the attending JMO to prevent delay from completion of their clinical shift due to attending teaching. <p>Grand Rounds: All JMOs are encouraged to attend Grand Rounds on Wednesdays. There may be occasions when the Registrar is required to present on behalf of the Unit.</p> <p>Term-Specific Training</p> <ul style="list-style-type: none"> Cardiology Clinical Meeting: JMOs are expected to attend this meeting- day varies depending on month. Cardiology Heart Team Meeting: JMOs may attend if they wish - Monday 16:30 Handover Meeting & Teaching: Friday 1-1.30pm - All JMOs are expected to attend Tuesday lunchtime case discussion meeting- Dr Peter Scott ECG Teaching session every month with Dr. M Rahman <p>Educational Resources A comprehensive range of reference material is held in the hospital library and is available on the Intranet. JMOs will be encouraged to participate in all clinical activities that will be educational, which they can use as a platform for further reading. They will be encouraged to present after weekly cardiology meeting although this is not a requirement.</p>			
<p>During this term prevocational doctors should expect to complete the following EPAs* (Highlight all that apply)</p>	<p>EPA 1 Clinical Assessment</p>	<p>EPA 2 Recognition and care of the acutely unwell patient</p>	<p>EPA 3 Prescribing</p>	<p>EPA 4 Team communication – documentation, handover, and referrals</p>

Term/Unit Timetable and Indicative Duty Roster*

Include the **start time** and **finish times** of the shifts the prevocational doctor will be rostered to. Show the activities that the prevocational doctor is expected/rostered to attend – these include all **education opportunities** (both training facility-wide and term specific), ward rounds, theatre sessions, inpatient time, outpatient clinics, shift handover, morning handover from hospital night team, afternoon handover to hospital's after-hours team. Please include the approximate times of activities wherever possible. If there are extended shifts or evening shifts attach four weeks of rosters for the whole team.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8.00 Ward Round CCU / Ward 1300 – Monday Shorts JMO Teaching 16.30 Cardiac catheter meeting	8.00 Ward Round CCU / Ward 1230-1300 Case Discussion. Dr Scott 14.30-16.00 Mandatory Intern Teaching Session	8.00 Ward Round CCU / Ward 12.00 Grand Rounds	8.00 Ward Round CCU / Ward 1300-1400 Mandatory RMO Teaching session	8.00 Ward Round CCU / Ward 1300-1330 Handover Meeting		

Patient Load Average Per Shift	Ward: 5-15, CCU: 18-20	
Overtime	Rostered overtime hours/week	8
	Unrostered overtime hours/week	0
After hours roster Does this term include participation in hospital-wide afterhours roster? If so advise: <ul style="list-style-type: none"> • Frequency of after-hours work, including evenings, nights, and weekends (hours/week and weekends/month) • Onsite supervision available after hours If the JMO will be working outside this term on afterhours roster, provide details of the after-hours work and a four-week roster. The designated after-hours supervisor should be listed in the supervisory team.	<p>PGY1/2 will be expected to work on the after-hours roster. This term forms part of Medical Pod 3.</p> <p>Medical Pod 3 includes:</p> <ul style="list-style-type: none"> • Gastroenterology and Hepatology • Home in the Hospital (HITH) • Respiratory & Sleep Medicine • Cardiology • Rheumatology, Immunology & Dermatology • Endocrinology • Med Pod 3 Relief positions • The Adult Mental Health Unit (AHMU) between the hours of 2300 and 0800 <p>Whilst in a Pod you will have your regular direct term supervisor as outlined by this term description as well as an over-riding Pod supervisor, (the Prevocational Medical Education Officer (PMEO)), to facilitate the co-ordination of the working unit.</p> <p>Within your Pod you may have one or more weeks of evening shifts and a week of night shifts. For the evening shift you will receive handover from all PGY1/2 within Medical Pod 3. As an evening PGY1/2 you may be called to commence work earlier in the day should the patient load require it.</p> <p>For some of you, a week of night shifts will also occur during your term from 2100 hrs – 0730 hrs next day. On weekends the night shift is 2030 -0730 hrs. The standard process is 7 nights rostered, followed by 7 days off – however the JMO is on call for days 6 and 7, unless taking annual leave after the days off. Alternatively, arrangements can be made to allow for leave provided adequate notice is provided (often prior to the start of term).</p> <p>JMOs will also be expected to do approximately three to five Med Pod 3 weekend/public holiday shifts throughout the term.</p> <p>By working after hours shifts, you will be part of a team providing 24-hour care for patients within your Pod. You will also be more aware of the specialist and registrar plans as you will be working in a small unit of</p>	

	<p>specialties on a day-to-day basis. You will participate in a more focused handover and utilise relevant discharge/case mix information more efficiently and you will be able to follow up relevant investigations and consultations more closely with a working knowledge of the various plans for each patient from their respective day teams.</p> <p>Each pod works as a functional unit allowing all JMOs within it to attend the teaching sessions provided by each of the sub-specialties when able, as well as your own specialty's teaching programme. All interns are expected to attend mandatory intern teaching (required for completing internship) held every Tuesday afternoon and the same for RMOs on Thursday afternoon.</p> <p>After Hours Support/Supervision is provided by the ward medical registrar (M1) and, if necessary, the on-call specialty physicians.</p> <p>You may wish to also review the Medical Pod 3 term description.</p>
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List Other Relevant Documentation

Intern job description
RMO job description
JMO Handbook
Rover Guide